## 2003 LIMITED LIABILITY COMPANY

## Apr 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000014139 04-30-2003 90178 013 \*\*\*\*50.00 MIAMI HOSPITALITY, LLC Principal Place of Business Mailing Address MIAMI AIRPORT 8436 NW 36 ST MIAMI FL 33166 MIAM! FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 52-2338257 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SANJAY H Street Address (P.O. Box Number is Not Acceptable) 1910 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PATEL, SANJAY H STREET ADDRESS STREET ADDRESS 1910 PALM BEACH LAKES BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 D ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PATEL, H D STREET ADDRESS STREET ADDRESS 1910 PALM BEACH LAKES BLVD CITY-ST-ZIP CITY-ST-7IP <u>West Palm Beach FL 33409</u> ☐ Change Addition TITLE D Delete TITLE PATEL, SUMIT T NAME NAME STREET ADDRESS STREET ADDRESS 1910 PALM BEACH LAKES BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

**FILED**